

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD Disks::
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: PHARMACEUTICAL COMPOSITION FOR
TREATING FATTY LIVER OR HEPATIC
DISEASE
Attorney Docket Number:: CYNSHI 7
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 0
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity

Given Name:: Osamu
Middle Name::
Family Name:: CYNSHI
Name Suffix::
City of Residence:: Gotenba-shi
State or Province of Residence:: Shizuoka
Country of Residence:: Japan
Street of Mailing Address:: c/o Chugai Seiyaku Kabushiki Kaisha of
135, Komakado 1-chome
City of Mailing Address:: Gotenba-shi
State or Province of Mailing Address:: Shizuoka
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 412-8513
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Toshihiko
Middle Name::
Family Name:: KOMORI
Name Suffix::
City of Residence:: Chuo-ku
State or Province of Residence:: Tokyo
Country of Residence:: Japan
Street of Mailing Address:: c/o Chugai Seiyaku Kabushiki Kaisha of 1-
9, Kyobashi 2-chome
City of Mailing Address:: Chuo-ku
State or Province of Mailing Address:: Tokyo
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 104-8301
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Hiroshi

Middle Name::
Family Name:: KAISE
Name Suffix::
City of Residence:: Kita-ku
State or Province of Residence:: Tokyo
Country of Residence:: Japan
Street of Mailing Address:: c/o Chugai Seiyaku Kabushiki Kaisha of 5-1, Ukima 5-chome
City of Mailing Address:: Kita-ku
State or Province of Mailing Address:: Tokyo
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 115-8543
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Minako
Middle Name::
Family Name:: TAKEDA
Name Suffix::
City of Residence:: Gotenba-shi
State or Province of Residence:: Shizuoka
Country of Residence:: Japan
Street of Mailing Address:: c/o Chugai Seiyaku Kabushiki Kaisha of 135, Komakado 1-chome
City of Mailing Address:: Gotenba-shi
State or Province of Mailing Address:: Shizuoka
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 412-8513
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Yoshiki
Middle Name::

Family Name:: KAWABE
Name Suffix::
City of Residence:: Gotenba-shi
State or Province of Residence:: Shizuoka
Country of Residence:: Japan
Street of Mailing Address:: c/o Chugai Seiyaku Kabushiki Kaisha of
135, Komakado 1-chome

City of Mailing Address::
State or Province of Mailing Address:: Gotenba-shi
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 412-8513

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
This Application	National Stage of	Application::	Date::
		PCT/JP04/013780	09-22-04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Japan	335639/2003	09-26-03	Yes

Assignment Information

Assignee Name:: CHUGAI SEIYAKU KABUSHIKI KAISHA
Street of Mailing Address:: 5-1, Ukima 5-chome
City of Mailing Address:: Kita-ku
State or Province of Mailing Address:: Tokyo
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 115-8543